



Guam Early Hearing Detection and Intervention Project
Guam Center for Excellence in
Developmental Disabilities Education, Research, and Service
University of Guam • Unibetsedât Guahan
Office of Academic & Student Affairs
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Guam EHDH 2nd Quarterly Advisory Meeting
Phase V, Year I
September 28, 2015
Hilton Resort & Spa

Guam EHDH Advisory Members Present:

LeeAnn Barcinas Santos
Edmund Cruz
Joyce Flores
Brigette Flores-Lobo
Ma Victoria Guiao
Glenda Leon Guerrero
Valerie Meno
Avelina "Bing" Opena
Ruth Sabangan

Claire Alfonso

Members Absent:

Francine Camacho
Ann Marie Cruz
HM2 Katherine Eay
HA James Frisby
Alan Funtanilla
Lt. Seth Garcia
Margarita Gay
David Zieber
Tricia Suzuki

CAPT Rosanne Hartley
LCDR Patrielle Johnson
Dr. Robert Leon Guerrero
Lina Leon Guerrero
Patricia Mantanona
Joseph Mendiola
Dr. Ben Numpang
Paula Ulloa

Guam EHDH Staff Members Present

Elaine Eclavea
Terrie Fejarang
Ruth Leon Guerrero
Joseph Mendiola
Terry Naputi
Jeffrey Pinaula
Renee Koffend
Dr. Margaret Blaz

Meeting Notes

I. Call to Order, Introductions, & Approval of Meeting Minutes

- Joyce Flores called the meeting to order at 11:45am.
- Members present introduced themselves and their affiliation.
- Quorum was not reached, however minutes were reviewed.



II. Rikohi: AIMS

- Ms. Elaine Eclavea reviewed the outcomes for the meeting and gave a brief overview of the new focus for the grant funding. She also reviewed the “Model for Improvement” (MIF) process used for each AIM.
1. **AIM 1:** By March 31, 2017, Project Rikohi, with participating birth site screeners, will utilize specifically targeted and measurable interventions that are culturally and linguistically competent such as quality improvement methodologies in reducing the number of infants Loss To Follow Up/Diagnosis (LTF/D) who have not passed a newborn hearing screening examination prior to discharge from a birthing site to 1% or less.
 - Ms. Terry Naputi introduced the members for the AIM 1 QI team.
 - Ms. Eclavea introduced the sub-aims for AIM 1 and how the MIF process is used for this AIM.
 - Mr. Jeff Pinaula introduced the “Plan, Do, Study, Act” (PDSA) cycle for the sub-aim to “Increase accuracy of family contact information by 10%” and the strategies to be used:
 - Revise hearing screening form to include physical address.
 - Add checkbox in ChildLink to verify all information is accurate.
 - Provide training to GMHA staff on revised hearing screening form.
 - GMHA will include physical address information in monthly data submission to ChildLink.
 - Mr. JJ Mendiola shared information on the progress from this strategy.
 - Ms. Eclavea reported data on the 2nd sub-aim, “to decrease the number of refer of OAE by 10%.” She also talked about the time it takes nurses to prepare the newborn to conduct the AABR screening and that if they can reduce the refer rate of the OAE screening then that will decrease the AABR rescreen and outpatient rescreen. Strategies used:
 - Track individual hearing screeners to provide more support to those screeners.
 - Ms. Renee Koffend will provide the training support and one on one coaching for those screeners.
 2. **AIM 2:** By March 31, 2017, Project Rikohi, with participating birth site screeners and early intervention staff, will utilize specifically targeted and measurable interventions that are culturally and linguistically competent such as quality improvement methodologies in reducing the number of infants LTF/D currently at 6% who did not pass the outpatient hearing screening by one month of age to 4% or less.
 - Mr. Pinaula introduced AIM 2 and the sub-aims.
 - Mr. Mendiola reported on the progress of this QI team. QI team has not had a 2nd meeting but during initial meeting QI team wanted to review data points. He reported on the data points that were reviewed for this AIM. Data points reviewed:
 - All infants needing an outpatient rescreen by 1 month of age.
 3. **AIM 3:** By March 31, 2017, Project Rikohi, with early intervention staff, will continue to utilize specifically targeted and measurable interventions that are culturally and linguistically competent such as quality improvement methodologies in reducing the number of infants LTF/D for Diagnostic Audiological Evaluation (DAE) by 3 months of age from the aggregate 16% from 2011 to 2014 to 8% or less.
 - Mr. Mendiola reported on AIM 3 and how AIM 3 and AIM 5 QI teams were combined as the teams consisted of the same members.
 - Mr. Mendiola reviewed each sub-aim and the data for each sub-aim.



- Ms. Fejarang recognized Renee Koffend for conducting DAE on a volunteer basis for children needing DAE that had not had one.
 - Ms. Koffend gave feedback on DAEs she has been conducting the past few months.
 - Members discussed the state of insurance in Guam in regards to procuring a hearing aide.
 - Discussion took place on GEIS procedures for families to use their insurance and/or using the payor of last resort if families refuse to use insurance. Members asked for clarification and presentation on GEIS procedures at a later date.
4. **AIM 4:** By March 31, 2017, Project Rikohi, with the medical home and early intervention staff, will continue to utilize specifically targeted and measurable interventions that are culturally and linguistically competent in reducing the number of infants LTF/D who have high risk factors for late onset and progressive hearing loss who fail to return for rescreen by six months of age from the current level of 20% to 10% or less.
- Mr. Mendiola introduced AIM 4, sub-aim for AIM 4 and data. He reported on the data point the QI team wanted to review. Data point reported on was: What was the average age at High-Risk rescreen of infants that were coming in for their 6- month follow-up.
 - Mr. Pinaula reported on outreach events and total number of children screened at GEIS Hearing Screening Clinics for the months of June - August 2015.
5. **AIM 5:** By March 31, 2017, Project Rikohi, with early intervention staff, will continue to identify and utilize specifically targeted interventions such as CLC QI methodologies to ensure Individualized Family Service Plan (IFSP) are in place by six months of age for 100% of infant's identified with persistent and permanent hearing loss.
- Included in AIM 3 discussion and reporting.

III. Open Discussion

- Ms. Fejarang reported and opened the discussion on Media Development for Guam EHQDI.
- Ms. Eclavea presented the Quality Assurance mid-year technical report on the HRSA and CDC grant reporting requirements. She also reported results of the various Quality Assurance surveys and the process of how the survey was administered and data collected and analyzed. Members discussed the results and various points of the survey.
- Ms. Koffend mentioned that media products should have pictures of babies with hearing-aides.
- Ms. Eclavea reported results on the survey results concerning ChildLink transition to a web-based server.
- Any input from members on survey results shared is due by Friday, November 1, 2015.
- Guam Regional Medical City Hospital (GRMC) representatives discussed their process on referral and how they are still ironing out the details, especially with regards to reporting to ChildLink.
- Ms. Koffend reported on her recent training received from Bio-Logic, the manufacturer of the hearing screening equipment that Guam's birthing sites use.
- Members gave feedback on effective public awareness on newborn hearing screening.
 - Awareness/information during pre-natal care classes.
 - Feature individuals with hearing aides in public awareness materials (TV, Print, Social Media, Billboards).
- Announcements



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- September 29, National Disability Employment Awareness Month proclamation signing at the Governor's Office – Conference Room.
 - September 29, Help Me Grow Orientation Webinar at The Westin Guam Resort.
 - December 2, Head Start 50th Anniversary Celebration at the Dededo Sports Complex.
- The meeting was adjourned at 1:45pm.